Wisconsin Department of Public Instruction
REQUEST FOR A DUE PROCESS HEARING
Section 115.80, Wis. Stats.
PI-2115 (Rev. 10-10)

INSTRUCTIONS: Complete three (3) copies. Retain one (1) copy for your records. Submit one (1) copy to the School District responsible for the child's education. Submit one (1) signed original to:

DIRECTOR
SPECIAL EDUCATION TEAM
WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
P. O. BOX 7841
MADISON, WI 53707-7841
FAX: 608-267-3746

This form has been developed to assist parents in requesting a due process hearing. Provide all information requested. Failure to provide all information may result in a court reducing the amount of any attorneys' fees awarded. You will be contacted by the department regarding your hearing request.

FOR DPI USE		
Date Received	Case No. Assigned	Due Date

GENERAL INFORMATION		
Name of Party(ies) Requesting the Hearing	Relationship(s) to the child	Requestor's Email Address

Address of Party(ies) Requesting the Hearing *Street, City, State, ZIP*	Daytime Telephone *Area/No.*

Name of Child	*Address of the Child's Residence *Street, City, State, Zip*

School District of the Child's Residence	School District Where Child is Attending

Describe the nature of the problem the child is experiencing relating to the action proposed, including facts relating to the problem. State the specific reasons for requesting a hearing. Use additional sheets or back if necessary.

A proposed resolution of the problem (to the extent known and available to the parents at this time). Use additional sheets or back if necessary.

SIGNATURE	
Signature of Party(ies) Requesting Hearing	Date Signed
➢	

*For Homeless children, provide contact information [34 CFR 300.153 (b)(4)(iii); 300.508 (b)(4)]